

Application Data Sheet

Application Information

Application Type:: National Stage
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit::
CD-ROM or CD-R?:: None
Number of CD disks::
Number of Copies of CDs::
Sequence Submission?:: Paper
Computer Readable Form (CRF):: Yes
Number of copies of CRF:: 1
Title:: DERMATOLOGICAL AND/OR COSMETIC
COMPOSITION CONTAINING
POLYPEPTIDES
Attorney Docket Number:: 0591-1010
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets::
Small Entity?:: Yes
Latin Name::
Variety Denomination Name::
Petition Included?:: No
Petition Type::
Licensed US Gov't Agency::
Contract or Grant Numbers::
Secrecy Order in Parent No
Appl.?::

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: CLAUDE
Middle Name::
Family Name:: DAL FARRA
Name Suffix::
City of Residence:: OPIO
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 30 CHEMIN SAN PEYRE
Address::
City of Mailing Address:: OPIO
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: FR-06410

Applicant Authority Type:: Inventor
Primary Citizenship Country:: SYRIAN ARAB REPUBLIC
Status:: Full Capacity
Given Name:: NOUHA
Middle Name::
Family Name:: DOMLOGE
Name Suffix::
City of Residence:: VALBONNE
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 10 TRAVERSE DU BARRI
Address::
City of Mailing Address:: VALBONNE

State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-06560

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-MARIE
Middle Name::
Family Name:: BOTTO
Name Suffix::
City of Residence:: VALBONNE
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing Address:: 1 PASSAGE DU SQUARE
Address::
City of Mailing Address:: VALBONNE
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: FR-06560

Correspondence Information

Correspondence Customer Number:: 00466
Number::

Representative Information

Representative Customer Number::	00466
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Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/FR2004/003357	12/23/04

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
FRANCE	0401593	2/18/04	Yes

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::